

ILR / Work Order # _____ Dept. RC Construction Job # _____ Tracking # 328 Account # M

1. Work requester fills out this section

Requester: J. Collins Date: 6-16-98 Dept/Div/Group: PHENIX
 Other Contact person (if different from requester): _____ Phone No. 7777
 Start Date ~ 6-17-98 Estimated End Date _____
 Description of Work / Problem: Bldg AC NOT WORKING

 Building 1008A Room COUNTING HOUSE Equipment AC

2. Work requester, work provider, and ES&H (as necessary) jointly fill out this section or attach applicable hazard analysis

Hazard Analysis

RADIATION CONCERNS ☒ NONE ☐ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ OTHER _____
☐ Special nuclear materials involved (ES&H 3.7.0), notify Group Leader, Isotope Special Materials Group (SSD)
☐ Fissionable materials involved (ES&H 3.7.0), notify Laboratory Criticality Officer (DAT)

SAFETY CONCERNS ☒ NONE ☐ Corrosive ☐ Flammable ☐ Material Handling ☐ Rigging/Critical Lift
☐ Asbestos ☐ Cryogenic ☐ Fumes/Mist/Dust ☐ Noise ☐ Toxic
☐ Biohazard ☐ Electrical ☐ Heat/Cold Stress ☐ Non-ionizing Radiation ☐ Vacuum
☐ Chemicals ☐ Elevated Work ☐ Hydraulic ☐ Oxygen Deficiency ☐ OTHER _____
☐ Confined Space ☐ Excavation ☐ Lasers ☐ Penetrating Fire Wall
☐ Adding / Removing Walls or Roofs ☐ Lead ☐ Pneumatic

ENVIRONMENTAL CONCERNS

☒ NONE ☐ OTHER _____
☐ Hazardous materials will be released to the air via a new/modified ventilation system, hood, or stack (ES&H 6.1.4 and 6.1.5) Notify Project Engineer, Environmental Protection Office (ES&H Services)
☐ New hazardous materials will be released via the liquid effluent system to the sewage treatment system or an impoundment (ES&H 6.1.2) Notify Regulatory Compliance Engineer, Environmental Protection Office (ES&H Services) for permit.

Waste Generated ☒ NONE ☐ Clean Waste ☐ Hazardous Waste ☐ Radioactive Waste ☐ Mixed Waste
 Waste disposition by: _____

Based on analysis above, the Review Team determines the job hazard category:

JOB HAZARD CATEGORY: X MODERATE LOW HIGH
 Job Safety Analysis (JSA) Required? X No Yes (Please attach)

Work Controls

WORK PRACTICES ☒ NONE ☐ Containment ☐ IH Survey ☐ Scaffolding - requires inspection
☐ Back-up Person/Watch ☐ Exhaust Ventilation ☐ Lockout/Tagout ☐ Time Limitation
☐ Barricades ☐ HP Coverage ☐ Posting/Warning Signs ☐ OTHER _____
 PROTECTIVE EQUIPMENT ☐ NONE ☐ Ear Plugs ☐ Gloves ☐ Lab Coat ☒ Safety Glasses
☐ Coveralls ☐ Ear Muffs ☐ Goggles ☐ Respirator ☐ Safety Harness
☐ Disposable Clothing ☐ Face Shield ☐ Hard Hat ☐ Rubbers ☐ Safety Shoes ☐ OTHER _____
 PERMITS REQUIRED Initial next to box to show who has responsibility to generate the permit
☐ Confined Space Entry (ES&H 2.2.4) ☐ Digging/Core Drilling (ES&H 1.18.0) ☐ Impair Fire Protection Sys. (ES&H 4.2.0)
☐ Cutting/Welding (ES&H 4.3.0) ☐ Electrical Working Hot (ES&H 1.5.0) ☐ Rad Work Permit (BNL RadCon Manual)
☐ Dept/Div Specific Permit _____ ☐ Dept/Div Specific Permit _____
 DOSIMETRY/ MONITORING ☒ NONE ☐ O₂/Combustible Gas ☐ Self-reading Dosimeter
☐ Heat Stress Monitor ☐ Passive Vapor Monitor ☐ Sorbent Tube/Filter Pump
☐ Noise Survey/Dosimeter ☐ Real Time Monitor ☐ TLD ☐ OTHER _____

Training Requirements (List below any location specific training requirements)

3. Both work requester and work provider coordinate on work plan (use attachments for detailed plans)

Work Plan (procedures, timing, personnel, etc.):

SKILL OF THE CRAFT.

Special Working Conditions Required: _____

Operational Limits Imposed: _____

Post Work Testing Required: _____

Reviewed By: *Note: Primary facility reviewer will dictate the other required signatures

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	<u>JOSEPH COLLINS</u>	<u>[Signature]</u>	<u>14795</u>	<u>6-16-98</u>
ES&H Services				
Other *	<u>Stephen Musolino</u>	<u>S. Musolino</u>	<u>15075</u>	<u>6/16/98</u>

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements

Job Site Supervisor	Contractor Supervisor
Workers: _____ Life # _____	Workers: _____ Life # _____
_____	_____
_____	_____
_____	_____
_____	_____

5. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name J. Collins Signature [Signature] Life # 14795 Date 6-16-98

6. Work Requester determines if Post Job Review is required

YES X NO

Post Job Review by ES&H Coordinator: _____ Life #: _____ Date: _____

Other Closeout Signatures (as necessary): _____ Life #: _____ Date: _____

Other Closeout Signatures (as necessary): _____ Life #: _____ Date: _____

7. Worker provides feedback

Worker Feedback:

Supervisor: Is worker feedback required on this job? _____ NO _____ YES (attach feedback form)

Worker: Any feedback on safety concerns or on ways to improve the job? _____ NO _____ YES (ask for form if not attached)